

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento CA 95814  
(916) 445-6410



August 10, 1984

ALL-COUNTY LETTER NO. 84-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES FY 1984/85 COUNTY PLAN

REFERENCE: WELFARE AND INSTITUTIONS CODE, SECTION 12300 et. seq.

Welfare and Institutions Code, Section 12302 requires each county welfare department to submit a plan to the State Department of Social Services which demonstrates how its In-Home Supportive Services (IHSS) Program will operate within budgetary constraints. As a result, we have attached a copy of the FY 1984/85 County Plan which must be submitted to this Department by August 31, 1984.

The FY 1984/85 County plan has been designed as a uniform method which requires all counties to project IHSS program expenditures using the same methodology. As you will notice from the attached plan, the basic formula which will be used is:  $\text{projected caseload} \times \text{average hours/case} \times \text{average cost/hour} = \text{projected total expenditures}$ . In the event that your county feels that this methodology does not apply, a different methodology may be used to develop your plan. Before an alternative methodology is used, concurrence must be obtained by contacting your county Adult Services Bureau analyst at the number specified below. However, the attached plan must also be fully completed. The differing methodology must be fully substantiated by supporting documents.

The attached County Plan must be completed by all counties and submitted as follows:

1. County Plans are due by August 31, 1984. If the plan includes program reductions pursuant to Welfare and Institutions Code Section 12301(a-e), the implementing notices of action must be submitted for review with your County Plan. Late County Plans will be reviewed in the order of receipt. Because of limited resources, if you anticipate that your plan will be late or anticipate any funding shortages, we strongly advise that you contact Adult Services Bureau staff immediately.

2. Plan amendments are due at least 15 days prior to implementation of proposed changes. If notices are required, implementation is considered to occur on the date such notices are mailed.

County Plans or amendments thereto, should be addressed to:

State Department of Social Services  
Adult Services Bureau  
744 P Street, Mail Station 5-126  
Sacramento, California 95814

If your county experiences difficulty in completing this plan, please contact your Adult Services Bureau analyst at (see attached list).



LOREN D. SUTER  
Deputy Director  
Adult and Family Services Division

Attachments

cc: CWDA

COUNTIES	HELF WONG 916-322-8097	RICK KRAFT 916-322-8097	LEIGHTON LAI 916-322-6320	RAY CARTHEN 916-322-6320	
ALAMEDA	X				
ALPINE			X		
AMADOR				X	
BUTTE			X		
CALAVERAS	X				
COLUSA				X	
CONTRA COSTA	X				
DEL NORTE				X	
EL DORADO	X				
FRESNO			X		
GLENN				X	
HUMBOLDT		X			
IMPERIAL	X				
INYO	X				
KERN			X		
KINGS				X	
LAKE				X	
LASSEN			X		
LOS ANGELES	X				
MADERA		X			
MARIN	X				
MARIPOSA				X	
MENDOCINO			X		
MERCED				X	
MODOC			X		
MONO	X				
MONTEREY				X	
NAPA	X				
NEVADA		X			
ORANGE	X				
PLACER			X		
PLUMAS			X		
RIVERSIDE		X			
SACRAMENTO	X				
SAN BENITO	X				
SAN BERNARDINO			X		
SAN DIEGO		X			
SAN FRANCISCO		X			
SAN JOAQUIN		X			
SAN LUIS OBISPO			X		
SAN MATEO		X			
SANTA BARBARA		X			
SANTA CLARA		X			
SANTA CRUZ		X			
SHASTA			X		
SIERRA				X	
SISKIYOU				X	
SOLANO				X	
SONOMA			X		
STANISLAUS		X			
SUTTER				X	
TEHAMA		X			
TRINITY				X	
TULARE		X			
TUOLUMNE			X		
VENTURA		X			
YOLO				X	
YUBA				X	
GRAND TOTAL					

# COUNTY PLAN FOR IN-HOME SUPPORTIVE SERVICES

Fiscal Year 1984/85

## I. PLAN CONTENTS:

- Section A, Part I. COUNTY PLAN FACT SHEET - A summary of prior year and projected allocation and expenditure levels
- Section A, Part II. COUNTY PLAN FACT SHEET - An analysis to provide detail of actual data for use in cost projections and to contrast projected data to actual
- Section B. FY 1983/84 IHSS PROGRAM SUMMARY OF ALL MODES (Actual) - An analysis of actual prior year expenditures by month and mode
- Section C. FY 1984/85 IHSS PROGRAM CASELOAD PROJECTION - ALL MODES - An analysis of projected caseload growth, using a three-month moving average
- Section D. FY 1984/85 PROJECTED CASES, HOURS AND COST - ALL MODES - A summary of projected cases, hours and costs for all modes
- Section E. PROGRAM REDUCTION FORECAST BY CATEGORY - A summary of projected saving from "a-e" program reductions
- Section F. COUNTY CONTACT LIST - A roster of county adult services administrative staff

## Section A - FY 1984/85 IHSS PROGRAM COUNTY PLAN FACT SHEET

PART I.	(1)	(2)	(3)
LOCATIONS:	FY 1983/84	FY 1984/85	Percent Change (Col 2/Col 1)x100
1. 100% State and Federal funds	\$ _____	\$ _____	_____
2. 90% State matching funds	_____	_____	_____
3. 10% County matching funds	_____	_____	_____
4. TOTAL ALLOCATIONS (Lines 1+2+3)	\$ _____	\$ _____	_____
5. Provider Wage and Benefit Allocation	\$ _____	\$ _____	_____
6. Base Allocation (Lines 4-5)	\$ _____	\$ _____	_____
EXPENDITURES:			
7. Provider Wage and Benefit Expenditures	\$ _____	\$ _____	_____
8. Base Expenditures	\$ _____	\$ _____	_____
9. Refugee Expenditures	\$ _____	\$ _____	_____
10. TOTAL EXPENDITURES (Lines 7+8+9)	\$ _____	\$ _____	_____
11. A-E Reductions	\$ _____	\$ _____	_____

PART II	FY 1983/84 (Actual)				FY 1984/85 (Projected)	
	First quarter (1)	Fourth quarter (2)	Annual (3)	Ratio Annual to All Modes (4)	Annual (5)	% Change Col 5/Col 3 (6)
A. INDIVIDUAL PROVIDER						
1. Casemonths						
2. Hours						
3. Expenditures						
4. Avg Hrs/Case						
5. Avg Cost/Hr.						
B. CONTRACT						
1. Casemonths						
2. Hours						
3. Expenditures						
4. Avg Hrs/Case						
5. Avg Cost/Hr.						
C. WELFARE STAFF						
1. Casemonths						
2. Hours						
3. Expenditures						
4. Avg Hrs/Case						
5. Avg Cost/Hr.						
D. ALL MODES						
1. Casemonths				100%		
2. Hours				100%		
3. Expenditures				100%		
4. Avg Hrs/Case						
5. Avg Cost/Hr.						

(See reverse for instructions)

Section A - FY 1984/85 IHSS PROGRAM COUNTY PLAN FACT SHEET

Instructions:

PART I

- Column (1) For Column 1, identify your county's final allocation and expenditure data for FY 1983/84.
- Column (2) For Column 2, identify your county's allocation and expenditure data which has been provided in your most recent allocation letter and projections which are calculated in Section D of this plan.
- Column (3) For Column 3, identify the percent change between FY 1983/84 and FY 1984/85.

Instructions:

PART II

- (1) Identify actual FY 1983/84 data and projected FY 1984/85 data as required. To calculate the ratio of annual to all modes (Column 4), divide the annual data separately identified in A (Individual Provider), B (Contract), and C (Welfare Staff) by the respective data identified in D (All Modes). Record this figure to five decimal places.
- (2) To compute Individual Provider average hours/case, divide Column 1, Line 2, by Column 1, Line 1. Do the same for Columns 2 and 3. This process must also be applied for Contract and Welfare Staff averaging. Apply the same principle for Column 5, Annual.
- (3) Data recorded on Part II, Column 5, must be forwarded from Section D - All Modes. To calculate hours, multiply total projected paid cases identified in Section D, Column 1, Total, times Section D, Column 2, Total. Expenditures equal Section D, Column 4, Total. The average hours/case and cost/hour for FY 1984/85 must equal the same averages for FY 1983/84 unless the county has fully justified, as an attachment, differing amounts.
- (4) Column 6 equals Column 5, divided by Column 3, multiplied by 100.
- (5) For average cost/hour, follow the same process used above, except divide lines 3 by 2.

## Section B - FY 1983/84 IHSS PROGRAM SUMMARY OF ALL MODES (Actual)

FY 1983/84 Months	(1) Number of open cases	(2) Number of paid cases	(3) Number of paid hours	(4) Basic expenditure	(5) Other costs	(6) Wage and Benefit increases	(7) Total expenditures
July							
August							
September							
1st quarter							
October							
November							
December							
2nd quarter							
January							
February							
March							
3rd quarter							
April							
May							
June							
4th quarter							
TOTAL							

(See reverse for instructions)

**Section B. FY 1983/84 IHSS PROGRAM SUMMARY OF ALL MODES (Actual)**

**Instructions:**

- |            |   |
|------------|---|
| Column (1) | This column represents the total number of cases authorized to receive services from all modes (B(IP), B(C), B(WS)).  |
| Column (2) | This column represents the total number of paid cases from all modes.   |
| Column (3) | This column represents the total number of paid hours from all modes.   |
| Column (4) | This column represents the total amount of basic expenditures from all modes. This column must <u>exclude</u> FY 1983/84 provider wage and benefit increase expenditures. |
| Column (5) | This column represents any other cost charged to the IHSS Program, i.e., EDP and staff development.   |
| Column (6) | This column represents the total wage and benefit increases for FY 1983/84.   |
| Column (7) | This column represents the total cost of IHSS services for all modes.   |



FY 1983/84 IHSS PROGRAM EXPENDITURES-  
INDIVIDUAL PROVIDER AND CONTRACT

## SECTION B (IP)

## SECTION B (C)

FY 1983/84 Months	Individual Providers (Actual)				Contract (Actual)			
	(1) Open cases	(2) Paid cases	(3) Hours paid	(4) Total cost	(5) Cases authorized	(6) Paid cases	(7) Hours paid	(8) Total cost
July								
August								
September								
1st quarter								
October								
November								
December								
2nd quarter								
January								
February								
March								
3rd quarter								
April								
May								
June								
3 quarter								
TOTAL								

(See reverse for instructions)

Section B (IP) FY 1983/84 IHSS PROGRAM EXPENDITURES - INDIVIDUAL PROVIDER (Actual)

Instructions:

- Column (1) This column represents the total number of cases authorized to receive IP services during the month. Entries must reconcile with Payrolling Management Statistical Summary - "Total cases" (Authorized Caseload Movement).
- Column (2) This column represents the count of paid cases. Entries must reconcile with Payrolling Management Statistical Summary - "Total Recipients".
- Column (3) This column represents the number of paid service hours during the month. Entries must reconcile with Payrolling Management Statistical Summary - "Total Hours".
- Column (4) This column represents the sum of "Total Wages, Restaurant Meal Allowance, and Total Social Security and Unemployment" found on the Payrolling Management Statistical Summary.

Section B (C) FY 1983/84 IHSS PROGRAM EXPENDITURES - CONTRACT (Actual)

Instructions:

- Column (5) This column represents the total number of cases authorized to receive contract services during the month regardless of whether a payment was made or services delivered.
- Column (6) This column represents the total number of cases for which services were paid during the month.
- Column (7) This column represents the actual number of services hours paid for in the month regardless of when served.
- Column (8) This column represents the total IHSS contract cost paid during the month. This figure must reconcile to quarterly administrative claim (Form DFA 325.3).

## Section B(WS) - FY 1983/84 IHSS PROGRAM WELFARE STAFF EXPENDITURES (Actuals)

FY 1983/84 Months	Welfare Staff						
	(1) Cases authorized	(2) Cases served	(3) Recipient hours paid	(4) Timestudy hours by quarter	(5) Case work cost by quarter	(6) Allocable cost overhead by quarter	(7) Total cost
July							
August							
September							
1st quarter							
October							
November							
December							
2nd quarter							
January							
February							
March							
3rd quarter							
April							
May							
June							
4th quarter							
TOTAL							

(See reverse for instructions)

Section B(WS). FY 1983/84 IHSS PROGRAM WELFARE STAFF EXPENDITURES (Actuals)

Instructions:

- Column (1) This column represents the total number of welfare staff (WS) cases authorized to receive services during the month.
- Column (2) This column represents the number of WS cases paid during the month.
- Column (3) This column represents the actual number of WS recipient hours paid during the month.
- Column (4) This column represents the total number of WS hours time studied, by quarter, for county staff (DFA 47, Line A).
- Column (5) This column represents the total cost of WS charged to the IHSS Program by quarter. This column must reconcile to quarterly administrative claim amount (Form DFA 327.1, Line A, Column 3).
- Column (6) This column represents the total cost of allocable overhead charged to the IHSS Program by quarter. The allocable overhead must reconcile to quarterly administrative claim amount (Form DFA 327.1, Line A, Column 4).
- Column (7) This column represents the totals of Columns (5) and (6) by quarter.

## Section C - FY 1984/85 IHSS PROGRAM CASELOAD PROJECTION - ALL MODES

a/ = actual  
p/ = projected

Months	(1) Open cases	(2) 3-month moving average	(3) Change in moving average	(4) Projected number of open cases FY 1984/85	(5) Paid cases	(6) Ratio of paid open cases
June 1983						
July					a/	
August					a/	
September					a/	
October					a/	
November					a/	
December					a/	
January 1984					a/	
February					a/	
March					a/	
April					a/	
May					a/	
June					a/	
Total					a/	
July				a/	a/	
August					p/	
September					p/	
October					p/	
November					p/	
December					p/	
January 1985					p/	
February					p/	
March					p/	
April					p/	
May					p/	
June					p/	
TOTAL					p/	

Section C. FY 1984/85 IHSS PROGRAM CASELOAD PROJECTION - ALL MODES

Instructions:

- Column (1) This column represents the total number of open cases taken from Section B.
- Column (2) This column represents the moving average of three continuous months. To calculate the three-month moving average figure for any particular month, add the data from the prior month and the subsequent month to the month being calculated, and divide by three. Example: add June, July and August open case amounts and divide by three, enter the average in July. Continue this process through June 1984.
- Column (3) This column represents the monthly percent change of the moving average. To compute the percent change for each month, divide the three-month moving average for the month being calculated by the three-month moving average from the prior month. Record the answer to five decimal places.
- Column (4) To project the number of open cases during FY 1984/85, Column 4, use the change in moving average identified in Column 3 above. If the August 1983 change in moving average indicated in Column 3 is 1.0188, multiply the July 1984 open case figure recorded in Column 4 by 1.0188. Enter this number for the projected open caseload for August 1984. Next, multiply the August 1984 projected open case figure just calculated by the September 1983 change in moving average identified in Column 3. Enter this number in the projected open case column for September 1984. Continue this process through June 1985. The July 1984 caseload figures should reflect actual data.
- Column (5) To complete this column for July 1983 through July 1984 (Actual), enter the number of paid cases for the particular month which are identified in Section B (All Modes).

Before the column for July 1984 through July 1985 (projected) can be completed, Column 6 must be calculated and the FY 1983/84 total identified. Divide the Column 6 total by 12 to obtain the average ratio of paid to open cases for FY 1983/84. This ratio will be used to calculate the number of projected paid cases in Column 5. The monthly number of projected paid cases can now be obtained by multiplying the average ratio to each of the FY 1984/85 monthly projected open cases identified in Column 4. Record the number of projected paid cases in Column 5.

If the annual ratio of paid to open cases does not accurately reflect county trend, counties may use different ratios which are substantiated by prior actual data. For example, if the ratio of paid to open cases was increasing or decreasing throughout the prior period, the ratio could be trended to reflect this occurrence. Also, if changes have occurred during the prior year which are not accurately reflected by using an annual average ratio, e.g., the last three months of FY 1983/84 are significantly higher or lower than the annual average, counties may average

Column (5) (Continued)

those ratios which most accurately reflect county experiences. If any of these alternate approaches are used, the county, at a minimum, should identify why the changes in open to paid cases are occurring and determine whether these changes will further affect future trends.

Column (6) To complete this column, divide Column 5 (Paid Cases) by Column 1 (Open Cases). Record the answer to five decimal places.

## Section D - FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS - ALL MODES

FY 1984/85 Months	(1) Paid cases	(2) Paid hours/case	(3) Paid cost/hour	(4) Base expenditures	(5) FY 1984/85 provider wage and benefits increases	(6) Other costs	(7) Total forecasted expenditures
July							
August							
September							
1st quarter							
October							
November							
December							
2nd quarter							
January							
February							
March							
3rd quarter							
April							
May							
June							
4th quarter							
TOTAL							

(See reverse for instructions)



Section D. FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS, AND COSTS - ALL MODES

Instructions:

- Column (1) This column represents projected number of paid cases taken from Section C, Column 5 (Paid Cases).
- Column (2) This column represents the actual monthly average hours/cases for all modes. Counties must use average hours/cases figure taken from Section A, Part II, Column 3, Line D(4). Any deviation from this average must be fully justified in writing as an attachment.
- Column (3) This column represents the actual monthly average cost/hour for all modes. Counties must use cost/hour figure taken from Section A, Part II, Column 3, Line D(5). Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents the projected monthly cost of service. To complete this column, multiply Column 1 x Column 2 x Column 3.
- Column (5) This column represents the total projected monthly wage and benefit expenditures identified in D(IP), D(C), and D(WS), Column 5.
- Column (6) This column represents the total of any other projected costs which will be charged to the IHSS Program taken from Section D(IP), D(C), and D(WS), Column 6.
- Column (7) This column represents the total projected expenditures from Columns (4), (5), and (6).

Section D(IP) - FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS - INDIVIDUAL PROVIDER

FY 1984/85 Months	(1) Paid cases	(2) Paid hours/case	(3) Paid cost/hour	(4) Base expenditures	(5) FY 1984/85 provider wage and benefits increases	(6) Other costs	(7) Total forecasted expenditures
July							
August							
September							
1st quarter							
October							
November							
December							
2nd quarter							
January							
February							
March							
3rd quarter							
April							
May							
June							
4th quarter							
TOTAL							

(See reverse for instructions)

Section D(IP). FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS, AND COSTS -  
INDIVIDUAL PROVIDER

Instructions:

- Column (1) This column represents projected number of paid individual provider (IP) cases. Multiply the number of total projected paid cases in Section C, Column 5 (Projected) by the corresponding ratio of annual to all modes (Section A, Part II, Column 4, Line A(1)).
- Column (2) This column represents the projected monthly average hours/cases. Counties must use the average hours/cases figure recorded on Section A, Part II, Column 3, Line A(4). Any deviation from this average must be fully justified in writing as an attachment.
- Column (3) This column represents the projected monthly average cost/hour. Counties must use the cost/hour figure taken from Section A, Part II, Column 3, Line A(5). Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents projected monthly cost of service. To complete this column, multiply Column 1 x Column 2 x Column 3.
- Column (5) This column represents the projected monthly wage and benefit expenditures which are separately calculated by your county for each specified month.
- Column (6) This column represents any other projected cost which will be charged to the IHSS Program and not identified in any other section.
- Column (7) This column represents total projected expenditures from Columns (4), (5), and (6).

## Section D(W5) - FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS - WELFARE STAFF

FY 1984/85 Months	(1) Paid cases	(2) Paid hours/case	(3) Paid cost/hour	(4) Base expenditures	(5) FY 1984/85 provider wage and benefits increases	(6) Other costs	(7) Total forecasted expenditures
July							
August							
September							
1st quarter							
October							
November							
December							
2nd quarter							
January							
February							
March							
3rd quarter							
April							
May							
June							
4th quarter							
TOTAL							

(See reverse for instructions)

Section D(WS). FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS, AND COSTS -  
WELFARE STAFF

Instructions:

- Column (1) This column represents projected number of paid welfare staff (WS) cases. Multiply the number of total projected paid cases in Section C, Column 5 (Projected) by the corresponding ratio of annual to all modes (Section A, Part II, Column 4, Line C(1)).
- Column (2) This column represents the projected monthly average hours/cases. Counties must use the average hours/cases figure recorded on Section A, Part II, Column 3, Line C(4). Any deviation from this average must be fully justified in writing as an attachment.
- Column (3) This column represents the projected monthly average cost/hour. Counties must use the cost/hour figure taken from Section A, Part II, Column 3, Line C(5). Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents projected monthly cost of service. To complete this column, multiply Column 1 x Column 2 x Column 3.
- Column (5) This column represents the projected monthly wage and benefit expenditures which are separately calculated by your county for each month specified.
- Column (6) This column represents any other projected cost which will be charged to the IHSS Program and not identified in any other section.
- Column (7) This column represents total projected expenditures from Columns (4), (5), and (6).

## Section D(C) - FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS - CONTRACT

FY 1984/85 Months	(1) Paid cases	(2) Paid hours/case	(3) Paid cost/hour	(4) Base expenditures	(5) FY 1984/85 provider wage and benefits increases	(6) Other costs	(7) Total forecasted expenditures
July							
August							
September							
1st quarter							
October							
November							
December							
2nd quarter							
January							
February							
March							
3rd quarter							
April							
May							
June							
4th quarter							
TOTAL							

(See reverse for instructions)

Section C. FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS, AND COSTS - CONTRACT

Instructions:

- Column (1) This column represents projected number of contract paid cases. Multiply the number of total projected paid cases in Section C, Column 5 (Projected) by the corresponding ratio of annual to all modes, Section A, Part II, Column 4, Line B(1).
- Column (2) This column represents the projected monthly average hours/cases. Counties must use the average hours/cases figure recorded on Section A, Part II, Column 3, Line B(4). Any deviation from this average must be justified in writing as an attachment.
- Column (3) This column represents the projected monthly average cost/hour. Counties must use cost/hour figure taken from Section A, Part II, Column 3, Line B(5). Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents projected monthly cost of service. To complete this column, multiply Column 1 x Column 2 x Column 3.
- Column (5) This column represents the projected monthly wage and benefit expenditures which are separately calculated by your county for each month.
- Column (6) This column represents any other projected cost which will be charged to the IHSS Program and not identified in any other section.
- Column (7) This column represents total projected expenditures from Columns (4), (5), and (6).

## Section E - IHSS PROGRAM REDUCTIONS FORECAST BY CATEGORY

Instructions: In the event that program reductions are necessary, enter your county's estimated monthly program reduction cost. Reductions must be made beginning with Category A.  
(See regulations for identification of categories)

FY 1984/85 Months	Category A	Category B	Category C	Category D	Category E	Category Total
July						
August						
September						
1st quarter						
October						
November						
December						
2nd quarter						
January						
February						
March						
3rd quarter						
April						
May						
June						
4th quarter						
TOTAL						Grand Total



